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# EDITORIAL

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This issue of *Public Health Reports* continues the tradition of covering a broad range of topics falling within the definition of public health. The subject of our feature article—a conversation on medical injury led by editorial advisor Mark Yessian—may be surprising to some of our readers. Understanding medical injury, its extent, causes, and solutions and then preventing its occurrence are often considered outside the realm of public health, belonging to the medical or legal or even financial spheres. Those of us who consider medicine, when properly used, to be a tool of public health have no quarrel with medical injury's inclusion under the definition of public health. Those with a narrower definition can still see the importance of reducing medical injury, if only because the cost of not doing so—in human and financial terms—is impossible for a decent system to bear. These costs also, of course, make investments in prevention, community health, and education activities less likely. This thought-provoking conversation among three dedicated, concerned, knowledgeable people highlights the dilemma of achieving a balance between the public's need to know and a practitioner's right to due process, between the responsibilities of organizations and those of individuals.

Another surprise may be Keith Humphreys and Kurt Ribis's article on self-help groups. As increasing emphasis is placed on the relationship between individual behavior and health status, it is incumbent on us to be honest and practical about changing people's behavior. Self-help groups have shown success in addressing health problems related to individual behavior when individuals can't seem to change by themselves. Rather than dismiss these less formal, less well documented interventions, our emphasis might be on developing better tools for evaluating them.

In this issue we introduce a Practice section. The Institute of Medicine's reports on the future of public health noted a serious lack of attention to practice, especially in schools of public health. We welcome articles describing new and innovative programs and initiatives and novel approaches to engaging communities in public health issues.

Successful public health practice usually requires the development of partnerships and collaborations across different sectors and among different interests. Our article on mercury describes such a collaboration. It addresses

one of the underlying myths of these collaborations: that involving others in what may appear to be clinical or professional decisions will be more costly and result in a lower quality process or intervention. To the contrary, this article demonstrates that collaboration can lead to a product, process, or outcome that is better, more sustainable, and closer to the essential mission than one decided upon alone. In recognizing that the by-product of their diagnostic procedures was an increase in environmental hazards and in determining to do something about this, health care providers gave real meaning to "do no harm."

One of my favorite sections of *Public Health Reports* has always been "Chronicles," and in this issue we are fortunate to have two historical articles: Thomas Chin's article on the Kansas City Field Station and a photo essay on patent medicines. The Kansas City experience

shows the importance and strength of local offices of national agencies, whose staff may better understand local conditions, better recognize problems, and be more sensitive to changing circumstances than national staff. Field offices are able to build partnerships and develop collaborations necessary to solve problems and to build relationships that will endure.

We are often admonished that those who ignore history are doomed to repeat it. John Parascandola's article on patent medicines should stimulate more than mere reflections on the innocence or gullibility of a previous age. In ways reminiscent of the practices Parascandola describes, modern drug companies increasingly advertise prescription drugs directly to consumers in popular magazines and on television. Much attention has recently been directed toward claims about unregulated homeopathic products, but FDA-approved products are routinely advertised using many of the same images and messages found in the last century. Companies also organize patients—and their providers—to lobby insurers to include their products in drug formularies; pharmaceutical giants have used these organizations to pressure legislators to protect them from regulation and competition from generic drug companies. Since pharmaceuticals account for more and more of the nation's health care budget and are responsible for much of the recent increase in health care costs, what could be considered charming or quaint in our nation's history becomes a serious policy question for the present.

—Judith Kurland ■

